

# Request for NCI Qualtrics Survey Services (NQSS) New User Access


**Instructions:** Complete this form in its entirety and obtain supervisor's signature. Email the form to the NCI DCCPS Qualtrics Support ([ncidccpsqualtricsupport@mail.nih.gov](mailto:ncidccpsqualtricsupport@mail.nih.gov)) for processing. If additional information is required, we will contact you.

Requestor's Name		
Position Title	Federal Agency / IC	For Contractors Only: Company Name
Phone Number	Email Address	
Business Justification:		

## Responsibilities of an NCI Qualtrics Survey Services (NQSS) system user:

- ✓ When collecting PII or PHI information the survey owner is responsible for:
  - Obtaining Institutional Review Board (IRB) or Office of Management and Budget (OMB) approvals before surveys go live.
  - Following guidelines as defined within the approved OMB/IRB.
  - Obtaining the necessary consent forms from participants.
  - Not disclosing PII or PHI data from any NCI Qualtrics Survey Services (NQSS) except as defined within the approved OMB/IRM
  - Being current on all Human Subject trainings when dealing with Human Subjects
- ✓ I will access the NCI Qualtrics Survey Services (NQSS) only to the extent that my official job duties require such access.
- ✓ I will take all reasonable steps to ensure I do not violate the privacy and confidentiality of data from the NCI Qualtrics Survey Services (NQSS) and I will ensure the proper disposal of data (in any format) and printed reports.
- ✓ I will adhere to all applicable NCI, NIH, HHS and Federal Information Technology policies, including all IT security training requirements.
- ✓ If necessary, I will annually renew my request and modify my business justification as appropriate.
- ✓ I have been provided a copy of, read, understand, and agree upon the [NIH IT General Rules of Behavior](https://ocio.nih.gov/aboutus/publicinfosecurity/securitytraining/Pages/NIH_IT_GeneralRulesofBehavior.aspx) policy available online at [https://ocio.nih.gov/aboutus/publicinfosecurity/securitytraining/Pages/NIH\\_IT\\_GeneralRulesofBehavior.aspx](https://ocio.nih.gov/aboutus/publicinfosecurity/securitytraining/Pages/NIH_IT_GeneralRulesofBehavior.aspx).

**I agree to fulfill the above responsibilities when system access is provided to NCI DCCPS Qualtrics system.**



Requestor Name	Requestor Signature	Date (mm/dd/yyyy)
Federal Supervisor Name	Federal Supervisor Signature	Date (mm/dd/yyyy)
NQSS System Owner Name	NQSS System Owner Signature	Date (mm/dd/yyyy)